

Underweight in Children

The guidelines below should be used to assess child WIC applicants identified as being underweight or at risk of underweight in addition to the Child Nutrition Management guideline. Elements indicated by an asterisk (*) are optional and not required to assess WIC eligibility.

DEFINITION:

- Underweight in children under the age of 36 months is defined as weight for recumbent length at or below the 10th percentile on standardized NCHS/CDC growth charts.
- Underweight in children over the age of 2 years is defined as a BMI for age at or below the 10th percentile on standardized NCHS/CDC growth charts.

RATIONALE: Retardation in growth in preschool children serves as an indicator of overall health and development and may reflect the adequacy of the child's diet. Full potential may not be reached because of less than optimal nutrition, infectious diseases, suppressed immune system, chronic diseases, or poor health care. Underweight is a problem for only a small minority of young children in the United States.

MANAGEMENT:

- 1.0 GOAL: To maintain adequate nutrition for age-appropriate growth and development while maintaining a healthy weight.
- 2.0 GUIDELINES:
 - 2.1 Many factors including availability of food, severe illness, diarrhea/vomiting, chronic diseases, behavior problems, excessive activity, and growth slow down can contribute to underweight in children.
 - 2.2 Working with primary caregivers of young children can reinforce division of feeding responsibilities and establish food and physical activity behaviors to maintain a healthy weight for the child.
 - 2.3 Construct counseling strategies to maintain a positive relationship between parent and child, support/enhance social functioning, and allow the child to slowly gain weight to within normal parameters.
- 3.0 NUTRITION ASSESSMENT/COUNSELING:
 - 3.1 Assess for history of failure to thrive as infant or child
 - 3.2 Encourage increasing rate of weight gain.
 - 3.3 Offer nutrient and calorie dense foods and beverages before other choices.
 - 3.4 Offer the child second helpings at meals and snacks.
 - 3.5 Prepare foods to increase caloric density.
 - 3.6 Think of child as "normal" when making feeding decisions.

- 3.7 Look for causes for dramatic changes in a child's growth pattern- emotional, or social changes affecting eating habits.
 - 3.8 Think of changes as developing good behaviors for the whole family, not as special treatment for the child.
 - 3.9 Involve other care givers/significant adults in maintaining new feeding behaviors.
 - 3.10 Avoid distractions during mealtimes such as the TV, loud noises, and toys.
 - 3.11 Encourage active play, but arrange for quiet playtime 15-30 minutes before meals.
- 4.0 REFERRAL/FOLLOW UP
- 4.1 Children below the 10th percentile weight for length or BMI/age will be scheduled for an individual follow up counseling session with the Registered Dietitian.
 - 4.1.1 A recheck of height and weight progress may be done during this visit and plotted on the growth chart.
 - 4.1.2 Follow up/adjustment of goals and strategies developed during the initial counseling visit.
 - 4.2 If the child is participating in Medicaid, a referral may be made for a KAN Be Healthy (KBH) screen. The KBH provider can refer the child at the time of the screen to a KBH provider Registered Dietitian for further weight management follow up.